## **FILED**

## 04FICAN353

## **NEVADA FINANCIAL DISCLOSURE STATEMENT**

(Attach additional sheets if necessary.)

MAY 2 4 2004

## SECRETARY OF STATE

NAME DREW SPANGLER	LENGTH OF RE	ESIDENCE IN NEVADA	0+1975
MAILING ADDRESS 5360 ANGLER CL	HIDE ENGTH OF RE	SIDENCE IN DISTRICT WHERE F	REGISTERED TO
CITY, STATE, ZIP TELEPHONE 703-433-951	122 VOIL	MRS 281.571(1)(a)	
List all public offices for which this financial disclosur	re statement is required [	NRS 281.571, Subsection 1(g)]:	
		ANNUAL CANDID	
		appointed public the 10th of after the last	
	FeB :	(no later than Jan. 15 to qualify candida	
Public Office	Annual Term	NRS NRS NRS 281 559(1)(b) 281 561(1)	NRS )(a) 281.559(1)(a)
STATE ASSEMBLY	Compensation Date App	281.561(1)(b)	
711110 1100110	c c		
	•		i A
	Ψ		
List all general sources of income for you and memb	pers of your household o	ver 18 years of age [NRS 281.5	571, Subsection 1(b)]:
			Self Household Member
TEAMSTER LOC	AL# 631.	MAMBER	
List each creditor to whom you or a member of you	r household owes \$5,00	0 or more [except (1) debt se	cured by mortgage
or deed of trust on real property which is not require	ed to be listed below, and		
vehicle for personal use was retained by seller] [NRS	S 281.571, Subsection 1(d)]:		Colf Household
27 000		1701	Self Member
2300000	MEDICAL	Bill	
1500,00	ZIUDE	ONT LORN	

List each business entity (i.e., organization or enterprise operated for economic gain, inclufirm, business, trust joint venture, syndicate, corporation or association) with which you involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limit a class of stock or security representing 1% or more of the total outstanding stock or securINRS 281.571, Subsection 1(f)]:	or a member of your household is ited or general partner, or holder of
	Self Household
	Member
List specific location and particular use of all real estate (other than personal residence your household has a legal or beneficial interest; (2) the fair market value of which is \$2,5 state or an adjacent state [NRS 281.571, Subsection 1(c)]:  Specific Location	
1 11	
AM	
List the identity of donor and value of each gift received in excess of an aggregate value during the preceding taxable year [except (1) a gift received from a person who is related consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniv occasion if the donor does not have a substantial interest in your legislative, administrative [NRS 281.571, Subsection 1(e)]:	ed to you within the third degree of versary, holiday or other ceremonial
[INCS 201.571, Subsection 1(e)].  Donor	Value of Gift
	\$
	\$
	\$
	\$
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.	20 1
Date: 05-24-04 Signature: 1100000000000000000000000000000000000	male